

Primary Care Mental Health Integration

John R. Brumsted, MD
Sara Pawlowski, MD
Clara Keegan, MD
Maureen Leahy, M. Ed

Presentation to the Green Mountain Care Board
June 15, 2022

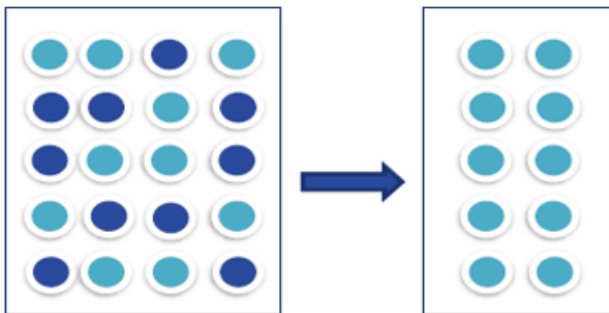
Our Network's primary care mental health integration model

- Mental health demand – nationally and locally
- Collaborative Care Model (CoCM)
- Finances
- Summary and next steps

Why not just refer?

Patient Factors

- Half of those referred do not follow through
- Mean # of visits = 2



Grembowski, Martin et al., 2002
Simon, Ding et al., 2012

4

Provider Factors

- 1 in 5: unmet need for non-prescribers
- 96% unmet need for prescribers



Thomas KC et al., 2009

Copyright © 2018 University of Washington

Increasing demand for and shrinking supply of mental health services

- Prevalence of MH/SU disorders (national – SAMHSA):
 - Adults 25%
 - Children 46% of adolescents 13-18; 13% of children 8-15
- Prevalence of MH/SU disorders (local):
 - Adults 31% of UVMHC Adult Primary Care patients
58% of UVMHC Emergency Department patients
- Impact:
 - Disability 3 of top 10 disability-causing conditions are mental health related
 - Mortality Mean reduction 10.1 years of life expectancy when MH/SU disorder present
 - Cost ~2.5x cost of care increase when mental health comorbidities present
- UVM Health Network should address:
 - State services are under-resourced
 - Payers rejected offers to collaborate, co-invest

Key conditions:

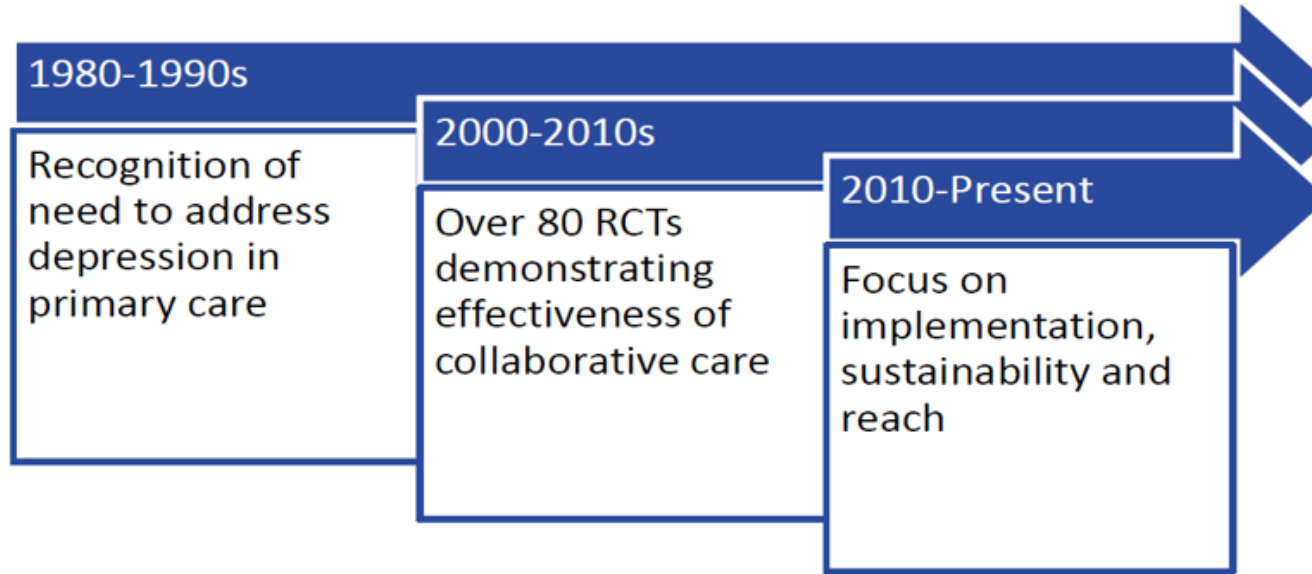
- Depression
- Anxiety
- Drug (opiate) crisis, alcohol

Complicating factors:

- Decreased inpatient capacity
- Extensive outpatient wait
- Financial misalignment

Expanding current outpatient treatment model neither efficient nor effective (**react and try to refer**)

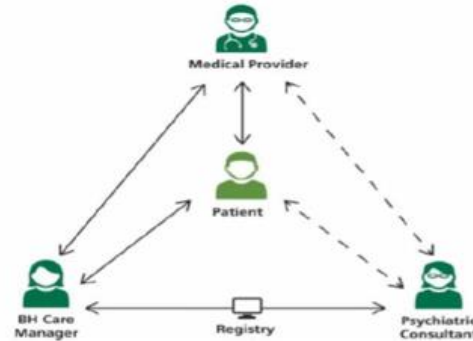
History of collaborative care



Core components of collaborative care



Prepared, Pro-active
Practice Team



Informed,
Active Patient



Outcome
Measures

[ACTIVE PATIENTS]									
Patient ID	First Name	Last Name	DOB	Gender	Primary Care	Referral Date	Referral Source	Referral Type	Referral Status
00001	John	Doe	01/01/1950	M	00001	01/01/2021	00001	00001	00001
00002	Jane	Doe	02/02/1951	F	00002	02/02/2021	00002	00002	00002
00003	John	Doe	03/03/1952	M	00003	03/03/2021	00003	00003	00003
00004	Jane	Doe	04/04/1953	F	00004	04/04/2021	00004	00004	00004
00005	John	Doe	05/05/1954	M	00005	05/05/2021	00005	00005	00005
00006	Jane	Doe	06/06/1955	F	00006	06/06/2021	00006	00006	00006
00007	John	Doe	07/07/1956	M	00007	07/07/2021	00007	00007	00007
00008	Jane	Doe	08/08/1957	F	00008	08/08/2021	00008	00008	00008
00009	John	Doe	09/09/1958	M	00009	09/09/2021	00009	00009	00009
00010	Jane	Doe	10/10/1959	F	00010	10/10/2021	00010	00010	00010

Population
Registry

Problem Solving Treatment (PST)
Behavioral Activation (BA)
Motivational Interviewing (MI)
Medications

Treatment
Protocols

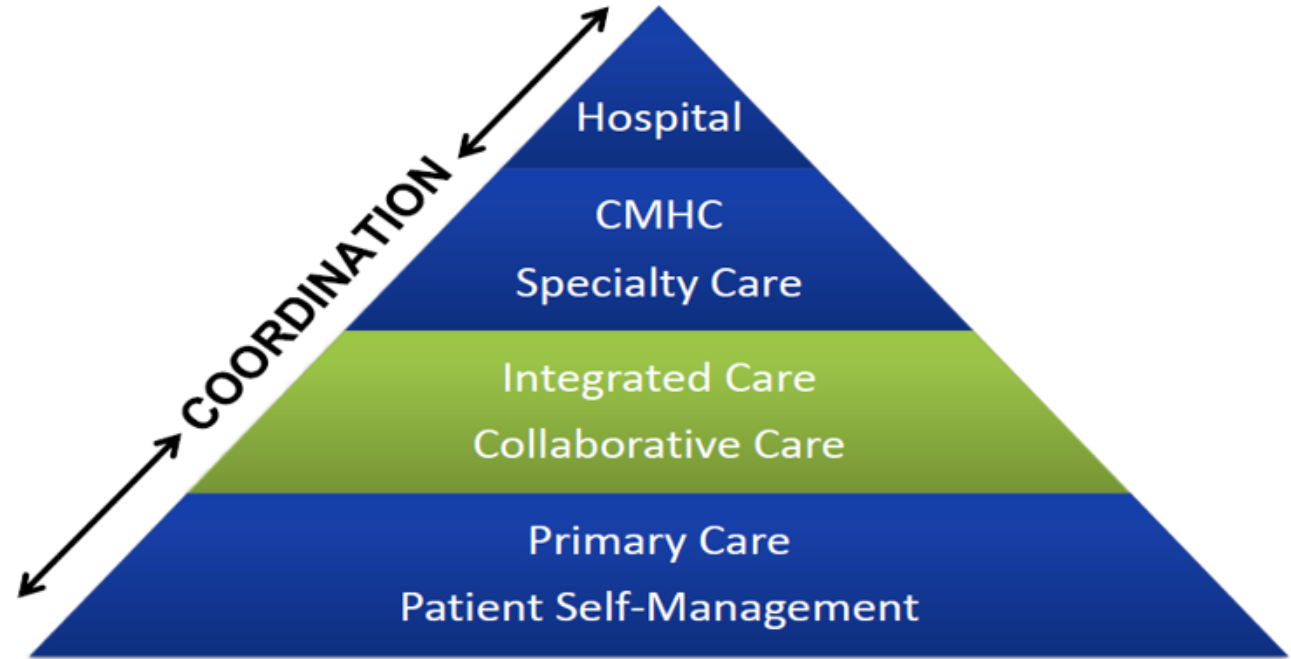


Psychiatric
Consultation

Unützer J, Katon W et al. Collaborative care management of late-life depression in the primary care setting: a randomized controlled trial. JAMA. 2002.

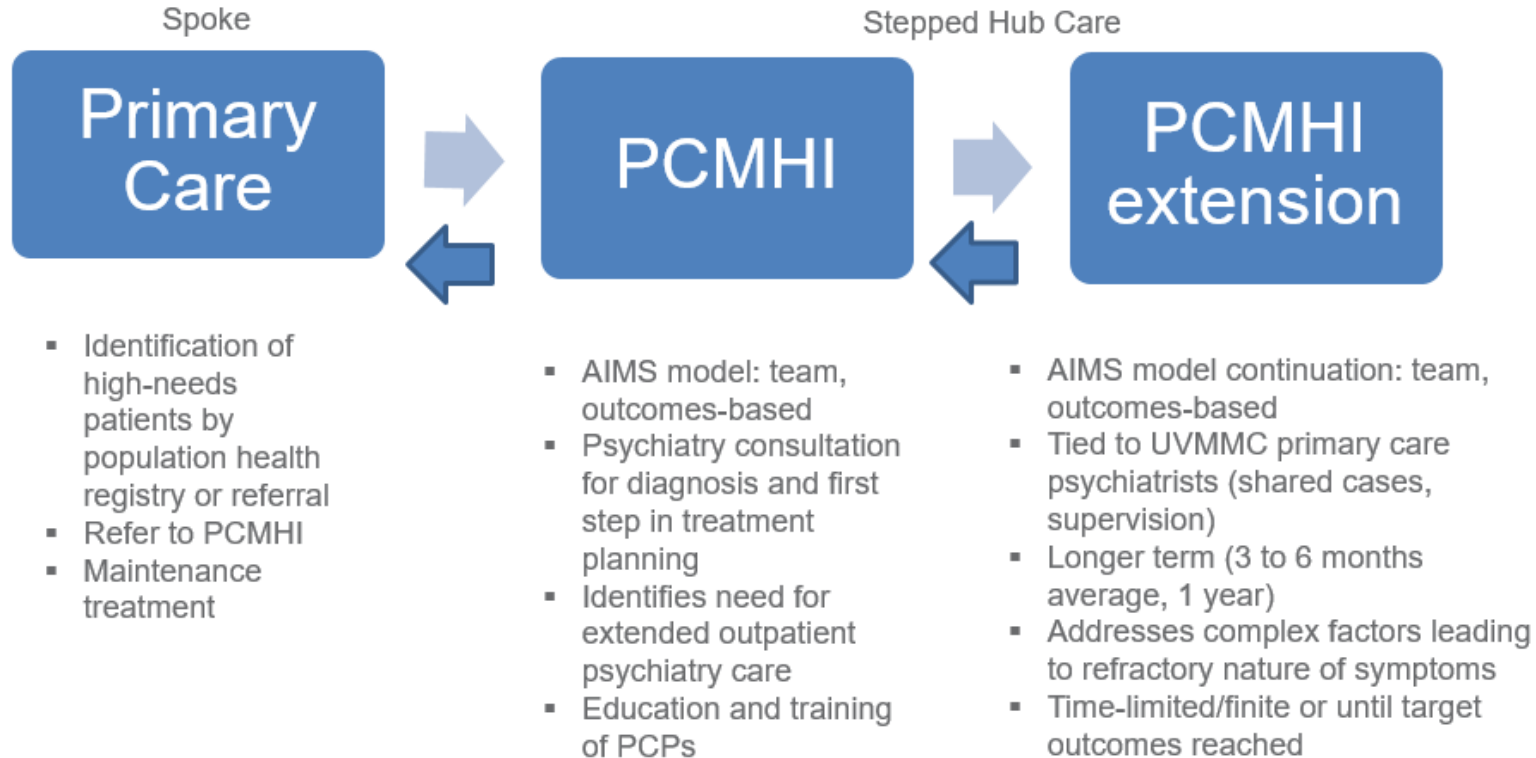
Mental health in primary care settings

Establishing mental health capabilities within primary care is fundamental to a managed care approach and is required, given UVM Health Network's trajectory towards an increasingly risk-based environment.



Copyright © 2018 University of Washington

Hub and Spoke Model for Primary Care Mental Health Integration (PCMHI)



Primary Care Provider role

- Collaborative Care basics
 - How to introduce Collaborative Care Model
 - How to work with mental health care manager
 - How to get support from psychiatric consultant
- Expanded clinical skills for mental health
 - Assessment
 - Mental health measures
 - Treatment
 - Deliver evidence-based medications
 - Support evidence-based psychosocial treatments
 - Management of suicide risk

Impact summary

- Improved outcomes
 - Less depression
 - Less physical pain
 - Better functioning
 - Higher quality of life
- Greater patient and provider satisfaction
- Reduced health care costs



"I got my life back"

THE TRIPLE AIM

Status and next steps

- Status
 - Project has been endorsed by CDO and NLC, both conceptually and financially
 - Working through implementation
 - Building registry
- Next steps
 - Recruit psychiatry physician/NP effort
 - Recruit care manager effort
 - Continue roll out
 - Find non-Network partner to test this with

On-the-ground and via telehealth

Nine practices currently have mental health providers on-site.

As the program grows, more sites will be added along with access to telehealth



Patients are connected to mental health services

by Primary Care Provider referral or registry identification



INTEGRATING
MENTAL HEALTH
PROVIDERS INTO
THE UVM HEALTH
NETWORK'S 38
PRIMARY CARE
PRACTICES

Multiple service options

include medication management, diagnostic clarity, standardization of care, team education, and panel management for early identification and treatment



Psychiatrists and Care Managers

are the types of providers who work closely with the Primary Care Provider for better patient and treatment outcomes



9

Network primary care practices

are currently integrated with mental health services

Thank you to our PCMHI team!

Robert Pierattini,
MD

Robert Althoff,
MD

Thomas
Peterson, MD

Stanley
Weinberger, MD

Jennifer Gilwee,
MD

Sara Pawlowski,
MD

Clara Keegan,
MD

Jessica O'Neil,
DO

Krista Buckley,
MD

All of our Primary
Care Providers

Kerry Stanley,
LICSW

Vanessa O'Shea,
LICSW

Kelsey Conroy,
LICSW

Chelsea Day,
LICSW

Jennifer Provost

Maureen Leahy

UVMHealth.org